

Modifier Coding Alert

Reader Questions: Picture Modifier 32 with Mandated Services

Question: A 40-year-old male came into our office with a work-related back injury. His doctor put him in an acute therapy program but he continues to have pain, loss of strength, tires easily, and complains of stiffness. He is exhibiting difficulty in social surroundings and it may be difficult for him to return to work. The workers' compensation provider requested a second opinion and prognosis by an orthopedic surgeon. The surgeon performed a comprehensive history and physical examination with moderate complexity decision making. What modifier do I need with 99244?

Rhode Island Subscriber

Answer: Because the workers' compensation provider requested the second opinion of the patient's current condition with a prognosis, you need modifier 32 (Mandated service). You will report 99244 (Office consultation for a new or established patient, which requires these 3 key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity) E/M service. You can attach modifier 32.

Modifier 32 is an informational modifier and it notifies payers that an agency or a third-party payer mandated a physician perform a service or procedure. An update to modifier 32 in 2000, adds other individuals or organizations to request mandated consultation services. For example, a physician, physical therapist, psychologist, social worker, or lawyer can request consultations.

A consultation requested by the patient and/or the patient's family will not include modifier 32 and will not be billed with a consultation code. The 99241-99245 codes represent consultations performed at the request of another qualified healthcare professional.